

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re:	Patent Application of)	
Walid	Aboul-Hosn) Group Art Unit: n/a	
App. S	Ser. No. 10/840,195)	
Filed:	May 5, 2004) Examiner: n/a)	
For:	APPARATUS AND METHOD)	
roi.	FOR OVERCOMING OR)	
	PREVENTING VASCULAR)	
	FLOW RESTRICTIONS)	
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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Missing Parts, Commissioner for Patents, PO Box 1450, Alexandria VA 22313-1450 on March 3, 2005:

Date: ____

Signature:

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Printed Name: Jonathan D. Spangler

RESPONSE TO NOTICE TO FILE MISSING PARTS

Commissioner for Patents PO Box 1450 Alexandria VA 22313-1450

Dear Sir:

In response to the Notice to File Missing Parts mailed September 3, 2004, having a shortened statutory period for response which expires November 3, 2004, please find the following:

- (a) Transmittal Form (1 page);
- (b) Copy of Notice to File Missing Parts mailed September 3, 2004 (2 pages);

PATENT Application Serial No. 10/840,195 Attorney Ref. No. OMA002-US1

- (c) Fee Transmittal (1 page) with a Check in the amount of \$1457.00;
- (d) Preliminary Amendment canceling claims 1-38 and 61-78, leaving claims 39-60 still pending (7 pages);
- (e) Petition for Four (4) Month Extension of Time (1 page);
- (f) Declaration signed by inventor Walid Aboul-Hosn (2 pages); and
- (g) Return Postcard (1 page).

In the event that there are any questions concerning this submission or the application in general, the Examiner is cordially invited to telephone the undersigned attorney so that prosecution may be expedited.

Respectfully submitted,

By:

Jonathan Spangler, Esq. Registration No. 40,182

2875 Kalmia Place San Diego, CA 92104 Tel.: (858) 243-0029

Date: March 3, 2005

Approved for use through 07/31/2006. OMB 0651-0032
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work Reduction Act of 1995, no nersons are required to respond to a collection of information unless it displays a valid OMB control number

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pursuant	to the	Consolida	ited Ap	propriat	tions Ac	t, 2005 (H.R.	. 4818)
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4140IAII I For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 14

Complete if Known					
Application Number	10/840, 195				
Filing Date	MAY 5, 2004				
First Named Inventor	ABOUL-HOSN				
Examiner Name	N/A				
Art Unit	N/A				
Attorney Docket No.	OMA: WOZUSI				

METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
					TION FEES		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims							
- 20 or HP =		_ x	-=			Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20. Indep. Claims							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) Fee Paid (\$)							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surpharge): LATE FOUND SMULHTUSE (\$65), EXCESS CLATMS (\$750) \$1457							
Other (e.g., late IIII	ig suivitalge	I-LHIE FILLDY	O DUWH	nuc (not	HEXCESS	CLAZMS (#	初 \$1457空

Registration No. 40, 187 Signature Name (Print/Type) JRANGLET Date 3, ZUBS

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

MAR Under the Padenwork Reduction Act of 1995. no page 1784 TRANSMITTAL FORM	ersons are required to respond to a control Application Number Filing Date First Named Inventor	Patent and Tra	ademark Office; t rmation unless it	PTO/SB/21 (09-04) through 07/31/2006. OMB 0651-0031 J.S. DEPARTMENT OF COMMERCE displays a valid OMB control number.		
(to be used for all correspondence after initial filing) Total Number of Pages in This Submission	Art Unit Examiner Name Attorney Docket Number	N/A N/A OMA:002US				
Fee Transmittal Form Fee Attached Amendment/Reply PRECEM- After Final AMOT. Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocat Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Cemarks	ion Address	After Allowance Communication Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Ident below): Return Postcard			
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE Firm Name Jonathan Spangler Printed name Jonathan Spangler Date March 3, 2005	RE OF APPLICANT, ATTO	See No. 1	R AGENT 40,182			
I hereby certify that this correspondence is being sufficient postage as first class mail in an envelop the date shown below: Signature Typed or printed name Jonathan Spangler	facsimile transmitted to the USP of addressed to: Commissioner (TO or denosit	ted with the Un .O. Box 1450, /	ited States Postal Service with Alexandria, VA 22313-1450 on March 3, 2005		

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